

08/18/03

17236 U.S. PTO

PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	STG-100-A
	First Named Inventor	Paula G. Ray
	Original Patent Number	6,273,439
	Original Patent Issue Date (Month/Day/Year)	8/14/01
	Express Mail Label No.	ER355028298US

APPLICATION FOR REISSUE OF:
(Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: _____ _____ _____
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18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number: _____	OR <input checked="" type="checkbox"/> Correspondence address below
Name: Arnold S. Weintraub	
Address: The Weintraub Group, P.L.C. 32000 Northwestern Highway, Suite 240	
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Name (Print/Type): Arnold S. Weintraub	Registration No. (Attorney/Agent): 25523
Signature: <i>Arnold S. Weintraub</i>	Date: 8/14/03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) STG-100-A		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 8	Total Claims (37 CFR 1.16(j))	(B) 19	**** 0 =	x \$ _____ =	or	x \$ _____ =		
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	* =	x \$ _____ =		x \$ _____ =		
Basic Fee (37 CFR 1.16(h))				\$375.00			\$ _____	
Total Filing Fee				\$375.00		OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>UNKNOWN, IN THE NAME "WEINTRAUB GROUP"</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>375.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>8/14/03</u> Date</p> </div> <div style="width: 45%; text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p>Arnold S. Weintraub, Reg. No. 25523</p> <p>_____ Typed or printed name</p> </div> </div>								

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IN THE UNITED STATES PATENT OFFICE

Applicant: Paula G. Ray

Serial No.: Applied for

Filed: Herewith

Title: **SCOOTER**

Our File: STG-100-A

CERTIFICATE OF EXPRESS MAILING AND TRANSMITTAL LETTER

Mail Stop Reissue
Hon. Commissioner of Patents
P.O. Box 1450
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Express Mailing Label No.: ET 920586037 US
Mailing Date: August 14, 2003

Sir:

Transmitted herewith are the following:

- Reissue Patent Application Transmittal;
- Reissue Application Fee Transmittal Form;
- Reissue Application Declaration by the Inventor;
- Reissue Application Declaration by the Assignee;
- Statement Under 37 CFR 3.73(b);
- Status and Support for Claim Changes 37 CFR 1.73(c)
- Amendment to Claims 37 CFR 1.173(b)
- (copy of) Issued Patent No. US 6,273,439 B1 – issued August 14, 2001;
- Filing Fee (\$375.00)

Please charge any additional fees or credit overpayment to Deposit Account No. ???? [Opened under Weintraub Group].

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Reissue, Hon. Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450 on this 14th day of August, 2003



Karel Van Akin